PATRIOT PERFORMANCE

Dear Dr. _____

Your patient, _____ , would like to have a VO_2 max test. After reviewing his/her responses to our cardiovascular screening questionnaire, we would appreciate your medical opinion and recommendations concerning his/her participation in a maximum effort VO_2 test. Please provide the following information and return this form.

Patriot Performance
12682 FM 1560 #106
Helotes, Texas 78023

PH: 210-520-9000
Fax: 210-455-8490

Are there specific concerns or conditions our staff should be aware of before this individual engages in their testing at our facility? Yes / No
If yes, please specify: _____
_____
_____

If this individual has completed a stress test, please provide the following:

1. Date of test: _____
2. Copy of the final exercise test report and interpretation
3. Your specific recommendations for exercise training, including heart rate limits during exercise: _____
   _____

Please provide the following information so that we may contact you if we have any further questions:
_____ I AGREE to the participation of this individual in VO_2 max testing at your facility.
_____ I DO NOT AGREE to the participation of this individual in VO_2 max testing at your facility because _____
_____
_____

Physician name: _____
Address: _____
_____
Telephone: _____ Fax: _____

Physician Signature: _____ Date: _____

Adopted From The ACSM Guidelines 2014